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APPLICANTS

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** CONTINUING DATA ***** *SIL* *****

This application is a CIP of 09/694,758 10/23/2000
which claims benefit of 60/160,835 10/21/1999

** FOREIGN APPLICATIONS ***** *SIL* *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

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35 USC 119 (a-d) conditions met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met-after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>SIL</i>				

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TITLE

Gene expression profiling of inflammatory bowel disease

FILING FEE RECEIVED 711	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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